



1390 City View Center
Oviedo, FL 32765
407-977-9990

*PLEASE DON'T feed your baby prior to the appointment (in office), we want him/her to be hungry after revision if needed.

Patient's Name _____ DOB _____ Today's Date _____

Medical Problems? *Y N* Heart problems? *Y N* Bleeding disorders? *Y N*

Male Female Are you presently nursing? *Y N* If no, how long since you stopped? _____

BIRTH WEIGHT _____ **CURRENT WEIGHT** _____

1. Infants are usually given Vitamin K at birth to prevent bleeding in the first 8 weeks of life. Did you sign any waiver to refuse the administration of vitamin K? *Y N*
2. Was your baby premature? *Y N* If so, how many weeks premature? _____
3. Has your baby had surgery? *Y N* What type of surgery? _____
4. Is your child taking any medications? *Y N* List Meds _____
5. Has your baby experienced any of the following? Circle those that apply.
 - a. Poor latch
 - b. Falls asleep while attempting to nurse
 - c. Slides off the nipple when attempting to latch
 - d. Colic symptoms
 - e. Reflux symptoms
 - f. Poor weight gain
 - g. Gumming or chewing of your nipple when nursing
 - h. Short sleep episodes requiring feedings every 1-2 hours
 - i. Inability to hold pacifier in mouth
6. Do you have any of the following signs or symptoms? Circle those that apply.
 - a. Creased, flattened or blanched nipples after nursing
 - b. Blistered or cut nipples
 - c. Bleeding nipples
 - d. Severe pain upon latch attempt
 - e. Poor or incomplete breast drainage
 - f. Plugged ducts or mastitis
 - g. Nipple thrush
7. How important is nursing on a scale of 1-10? _____
8. How long do you plan on nursing for? _____
9. What is your main goal to achieve by releasing any tied tissues? _____

Pediatrician _____ Phone _____

Address _____

Lactation Consultant _____